

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2011	
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF EVANSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 6521 GREENDALE DR EVANSVILLE, IN47711			
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R0000	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey Dates: April 25, 26, 2011</p> <p>Facility number: 010681 Provider number: 010681 AIM number: N/A</p> <p>Survey Team: Diane Hancock, RN- TC Sue Webster, RN Amy Wininger, RN 4/26/11</p> <p>Census bed type: Residential 41 Total 41</p> <p>Census payor type: Other 41 Total 41</p> <p>Sample: 7 Supplemental Sample: 1</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 27, 2011, by Bev Faulkner, RN</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0036	<p>(k) The facility must immediately consult the resident's physician and the resident's legal representative when the facility has noticed:</p> <p>(1) a significant decline in the resident's physical, mental, or psychosocial status; or</p> <p>(2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified of an increased blood pressure and pulse, for 1 of 7 sampled residents reviewed.</p> <p>(Resident #7)</p> <p>Findings include:</p> <p>Resident #7's clinical record was reviewed on 4/25/11 at 1:05 p.m. The resident was admitted to</p>		R0036	<p>The following is the Plan of Correction for Sterling House of Evansville in regards to the Statement of Deficiencies for the annual survey completed on 4-26-2011. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective. <u>R 0036 Resident Rights</u> <i>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</i></p> <p>Resident # 7: physician was notified of elevated blood</p>		04/26/2011	

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	<p>the facility on 3/10/04 and diagnoses included, but were not limited to, osteoporosis, compression fracture, non-insulin dependent diabetes mellitus, history of myocardial infarction, early Parkinson's disease, uterine cancer, and diabetic neuropathy.</p> <p>Interdisciplinary progress notes included, but were not limited to, the following: 4/14/11 1800 [6:00 p.m.] "RA [Resident Assistant, CNA] states resident leaning to (R) side in w/c</p>				<p>pressure and pulse on 4-25-11. Resident blood pressure and pulse was monitored as a nursing measure twice a day for three days with no adverse findings. Physician was notified of results on 4-28-11. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <p>HWD/Designee reviewed the 24 hour shift report for changes in condition and evidence of physician notification where indicated. · Nurses were re-educated on physician notification process related to vital sign parameters. This training was provided by the Health and Wellness Director on 4-26-11, and expectations were again reviewed by the Health and Wellness Director at a general nurses meeting on 4-28-2011.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place?</p> <p>· Health and Wellness Director or Designee will monitor the 24 hour shift reports for MD notifications during morning stand up meeting. This will be monitored through Collaborative Care process and the morning meeting process. By what date will these systemic changes be implemented? · 4-26-11</p>		

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	<p>[wheelchair], daughter [name] states resident not sitting up straight in w/c. T. [temperature] 100.2 B//P [blood pressure] 179/150 P [pulse] 145; daughter states her B/P med [medication] was still on table when she came in @ noon."</p> <p>4/14/11 2000 [8:00 p.m.] "Re [checked] VS [vital signs] @ this X [time] B/P 156/96 P. 120 R [respirations] 16 sleeping notified [daughter's name] of V.S. resident had stated @ 1800 (R)</p>						

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	<p>ear ache et had felt like it was bubbling. [Daughter] states she had put sweet oil in her ear earlier."</p> <p>4/15/11 0615 [6:15 a.m.] "Resident laying in bed on (R) side facing window. Awoke easily. Temp 98.9 Ax [axillary]. C/O [complaint of] bubbling in ears upon palpation of face, areas under ears are slightly swollen and sore. Areas under eyes are puffy and sore. C/O popping or cracking sound in ears. V/S 128/70, 70, 20.</p>						

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	<p>Urine in cath is very dark and concentrated. Resident refuses to take Ibuprofen [anti-inflammatory pain medication] or Tylenol when asked by nursing staff or family members. Dr. [name] office faxed this AM regarding condition change and request for orders."</p> <p>There was no indication the physician was notified of the excessively high blood pressure readings and/or the high pulse rates on 4/14/11 at 1800 (6:00</p>						

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	<p>p.m.) and 2000 (8:00 p.m.).</p> <p>The Director of Nurses was interviewed on 4/25/11 at 3:25 p.m. She indicated the physician should have been notified if the blood pressure and pulse were that high; she indicated she would check into it.</p> <p>The Director of Nurses indicated, on 4/26/11 at 11:00 a.m., the physician had been notified of the high blood pressures and pulses this date; an inservice was planned</p>						

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	<p>for vital signs and parameters and when to notify the physician, the resident's blood pressure and pulse were to be monitored twice a day for a few days with follow-up notification to the physician.</p>						